St. Paul's, Freeburg

ADULT PARTICIPANT AUTHORIZATION FORM

Event Name: Marcoot Jersey Creamery Tour Place: Marcoot Creamery, Greenville, IL
Date: June 24, 2022

Participant Name: _____ Birth date: _____

I will be attending the event listed about with St. Paul's UCC of Freeburg, IL.

Medical Release

I hereby request and authorize the leaders of the Vacation Bible School of St. Paul's UCC of Freeburg, Illinois, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for my health and safety should it become necessary. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act.

_____	_____	_____
Signature	**Printed Name**	**Date**

Emergency Contact:_____

Phone:_____

Allergies:_____